PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

		E ADDRESS (Note: Use Block 1 fo	- wy write vialities)		Note: A certificate of Fee(s) Transmittal, 7	of mailing can only be used This certificate cannot be used that paper, such as an assign	I for domestic mailings of ed for any-other accompar
	1933 759	90 12/20/2005		•	papers. Each addition have its own certification.	pal paper, such as an assign ste of mailing or transmissio	ment or formal drawing,
	EDICUATE UNITY COODMAN & CHICK DOOD D						
	220 Fifth Avenue	or, doorway o	t cinck, ic	T. L.	I hereby certify that	ertificate of Mailing or Tra this Fee(s) Transmittal is be	a nsmusion zing deposited with the U
	16TH Floor			<u> </u>	States Postal Service	this Fee(s) Transmittal is be with sufficient postage for all Stop ISSUE FEE address TREE (\$271) 222 2885	first class mail in an enve
	_ '	0001-7708	100	ጂ '	audressed to the Mi transmitted to the US	SPTO (571) 273-2885, on th	ess above, or being facs to date indicated below
)6	NEW YORK, NY 10001-7708 MGEBREM2 00000060 09449699		图 MAR 1 4 2006		B. VILLA	77 77 .	(Depositor's n
, ,	HOLDICETTE VVVVVVVV		la la	~ ¥ 2006 —	D. ATTIVA		
)1		1400.00 OP	12:	<i>#/</i>		De / Wan	
)1		15.00 OP	FIR	EMARY SE	VIA FAX	3/14/06	(
L	APPLICATION NO.	FILING DATE				ATTORNEY DOCKET NO	CONFIRMATION NO
	09/449,699	11/24/1999		TSUNORI TSUTS		990723/LH	6591
T] Aì	TLE OF INVENTION: DO ND STORAGE MEDIUM	OCUMENT PROCESSING	G APPARATUS CAP	ABLE OF INCRE	ASING PRINTING	EFFICIENCY BY FORMI	NG VIRTUAL DOCUM
Ė	Anne M. mene	Ob CALL DAYS				, , , , , , , , , , , , , , , , , , ,	
L	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
~	nonprovisional	NO	\$1400		\$0	\$1400	03/20/2006
L	EXAMI	NER	ART UNIT	CL	ASS-SUBCLASS		
	Bashore, W	VILLIAM L	2176		707-530000		
1.	1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list						
/3E	CFR 1.363),						
Cr	11.505).			.			OFFICE UOLUZ.
	Change of corresponder	nce address (or Change of	Correspondence (.	to 3 registered pate	ent attorneys i FRT	SHAUF, HOLTZ,
	Change of corresponder Address form PTO/SB/122	2) attached.	Correspondence ((1) the names of upor agents OR, altern	to 3 registered pate natively,	ent attorneys FRI	SHAUF, HOLTZ, ODMAN & CHICK
>	Change of corresponder Address form PTO/SB/122	2) attached. on (or "Fee Address" Indica	Correspondence ((1) the names of upor agents OR, altern (2) the name of a si	o to 3 registered pate natively, ingle firm (having as	a member a 2 GO	SHAUF, HOLTZ,
>	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or	2) attached. on (or "Fee Address" Indica	Correspondence (ation form (of a Customer ()	(1) the names of upor agents OR, altern (2) the name of a singular egistered attorney of registered patents	to 3 registered pate natively, ingle firm (having as or agent) and the nar attorneys or agents. I	a member a 2 GO	SHAUF, HOLTZ,
<i>></i>	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.	2) attached. on (or "Fee Address" Indica more recent) attached. Use	Correspondence (ation form to the color of a Customer 1	(1) the names of upor agents OR, altern (2) the name of a si- egistered attorney 2 registered patent is isted, no name will	to 3 registered pate natively, ingle firm (having as or agent) and the nar attorneys or agents. I be printed.	a member a 2 GO	SHAUF, HOLTZ, ODMAN & CHICK
<i>></i>	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or	2) attached. on (or "Fee Address" Indica more recent) attached. Use	Correspondence (ation form to the color of a Customer 1	(1) the names of upor agents OR, altern (2) the name of a si- egistered attorney 2 registered patent is isted, no name will	to 3 registered pate natively, ingle firm (having as or agent) and the nar attorneys or agents. I be printed.	a member a 2 GO	SHAUF, HOLTZ,
3. 4	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND F	2) attached. on (or "Fee Address" Indication (or recent) attached. Use RESIDENCE DATA TO B	Correspondence ation form of a Customer E PRINTED ON THE	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or	to 3 registered pate natively, ingle firm (having as or agent) and the nar attorneys or agents. I be printed.	a member a GO mes of up to f no name is 3	ODMAN & CHICK
3. 4	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND F	2) attached. on (or "Fee Address" Indication (or recent) attached. Use RESIDENCE DATA TO B	Correspondence ation form of a Customer E PRINTED ON THE	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or	to 3 registered pate natively, ingle firm (having as or agent) and the nar attorneys or agents. I be printed.	a member a 2 GO	ODMAN & CHICK
3. 4	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND F	2) attached. on (or "Fee Address" Indication (or "Fee Address" Indication of the Property of t	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a se	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing	to 3 registered pater natively, ingle firm (having as or agent) and the nar attorneys or agents. It be printed. 'type' e patent. If an assig an assignment.	a member a a GO mes of up to f no name is 3	ODMAN & CHICK
3. 4	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULL PLEASE NOTE: Unless a recordation as set forth in 3	2) attached. on (or "Fee Address" Indication (or "Fee Address" Indication of the Property of t	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a se	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing	to 3 registered pate natively, ingle firm (having as or agent) and the nar attorneys or agents. I be printed.	a member a a GO mes of up to f no name is 3	ODMAN & CHICK
3. 4	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULL PLEASE NOTE: Unless a recordation as set forth in 3	en (or "Fee Address" Indication (or "Fee Address" Indication of recent) attached. Use RESIDENCE DATA TO But assignee is identified be 7 CFR 3.11. Completion of	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing	to 3 registered pater natively, ingle firm (having as or agent) and the nar attorneys or agents. It be printed. 'type' e patent. If an assig an assignment.	a member a a GO mes of up to f no name is 3	ODMAN & CHICK
3	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND F PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNER AS 10 Computer	RESIDENCE DATA TO Be a assignee is identified be 7 CFR 3.11. Completion of E	Correspondence ation form of a Customer E PRINTED ON THE slow, no assignee data of this form is NOT a s (B) Ri	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY	to 3 registered pateratively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a a GO mes of up to f no name is 3 mee is identified below, the DUNTRY)	document has been filed
3. A	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FOR PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED COmputer Compu	en (or "Fee Address" Indication (or "Fee Address" Indication of the more recent) attached. Use RESIDENCE DATA TO But assignee is identified be 37 CFR 3.11. Completion of the control of t	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) Ri Toky ries (will not be printed	(1) the names of upor agents OR, alternagents OR, alternagents OR, alternagents OR, alternagents of a size gistered attorney are gistered patent is sted, no name will appear on the substitute for filing ESIDENCE: (CITY)	to 3 registered pateratively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a a GO mes of up to f no name is 3	document has been filed
3 Ple 4a.	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED Silo Computer Com	en (or "Fee Address" Indication (or "Fee Address" Indication of the more recent) attached. Use RESIDENCE DATA TO But assignee is identified be 37 CFR 3.11. Completion of the control of t	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a s (B) Ri Toky ries (will not be printed	(1) the names of upor agents OR, altern (2) the name of a singuistered attorney 2 registered attorney isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY (CITY)) Japan don the patent):	to 3 registered paternatively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a a GO mes of up to f no name is 3 mee is identified below, the OUNTRY) Corporation or other private privat	document has been filed
3 Ple 4a.	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FOR PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED COmputer Compu	en (or "Fee Address" Indication (or "Fee Address" Indication of the more recent) attached. Use RESIDENCE DATA TO But assignee is identified be 37 CFR 3.11. Completion of the control of t	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed	1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY) of Japan d on the patent): yment of Fee(s): A check in the ame	to 3 registered pateratively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a a GO mes of up to f no name is 3 mee is identified below, the OUNTRY) Corporation or other private anclosed.	document has been filed
Ca.	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED COmputer	en (or "Fee Address" Indication (or "Fee Address" Indication of the recent) attached. Use RESIDENCE DATA TO But assignee is identified be 37 CFR 3.11. Completion of E. Ltd. Essignee category or categoric cosed: all entity discount permitte	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed	1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY) of Japan d on the patent): yment of Fee(s): A check in the ame	to 3 registered paternatively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a a GO mes of up to f no name is 3 mee is identified below, the OUNTRY) Corporation or other private anclosed.	document has been filed
Ca.	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FOR PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNE	en (or "Fee Address" Indication (or "Fee Address" Indication of the recent) attached. Use RESIDENCE DATA TO But assignee is identified be 37 CFR 3.11. Completion of E. Ltd. Essignee category or categoric cosed: all entity discount permitte	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed 4b. Pa	(1) the names of upor agents OR, alternagents OR, alternagents OR, alternagents OR, alternagents of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY) d on the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he	to 3 registered pateratively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a ames of up to fine name is 3 mee is identified below, the DUNTRY) Corporation or other private pr	document has been filed group entity Government or credit any overpayment
Ca. Ple	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED SET OF ASS	en (or "Fee Address" Indication (or "Fee Address" Indication of the more recent) attached. Use RESIDENCE DATA TO But assignee is identified be 7 CFR 3.11. Completion of the c	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed 4b. Pa	(1) the names of upor agents OR, alternagents OR, alternagents OR, alternagents OR, alternagents of a singuistered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY) d on the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he	to 3 registered paternatively, ingle firm (having as or agent) and the narettorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a ames of up to fine name is 3 mee is identified below, the DUNTRY) Corporation or other private pr	document has been filed
3	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED Silo Computer Com	all entity discount permitted comes at a tracked. A stracked is identified by the completion of the c	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed 4b. Pa	1) the names of upor agents OR, altern 2) the name of a singuistered attorney 2 registered attorney 2 registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY YO, Japan d on the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he posit Account Number 1.	to 3 registered paternatively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO	a member a ames of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private pr	document has been filed group entity Government or credit any overpayment copy of this form).
3. Ple 4a.	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED COMPUTER Comput	all entity discount permitted constatus indicated above ALL ENTITY status. See 3	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed 4b. Pa d) Dep	1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered attorney registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY) (to 3 registered paternatively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO Individual Individual Card. Form PTO-203 beer 06-1378 longer claiming SMA	a member a a member a a mes of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private private private and the required fee(s), or many the conclose an extra and the conclose and the co	document has been filed group entity Government copy of this form).
3	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED COMPUTER Comput	all entity discount permitted constatus indicated above ALL ENTITY status. See 3	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky ries (will not be printed 4b. Pa d) Dep	1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered attorney registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY) (to 3 registered paternatively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO Individual Individual Card. Form PTO-203 beer 06-1378 longer claiming SMA	a member a a member a a mes of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private private private and the required fee(s), or many the conclose an extra and the conclose and the co	document has been filed group entity Government Copy of this form).
Ca. Ple 4a. The Notinte	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED Computer	all entity discount permitted copies rom status indicated above ALL ENTITY status. See 3 requested to apply the Issue is of the United States Pate in the Issue	correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky d) Toky 37 CFR 1.27.	1) the names of upor agents OR, altern 2) the name of a singuistered attorney 2 registered attorney 2 registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY YO, Japan don the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he posit Account Number of the interposit Account Number of the interposit Account Number of the interposit Account is no interposit Account in anyone other the ice.	to 3 registered paternatively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR CO Individual Individual Card. Form PTO-203 beer 06-1378 longer claiming SMA	a member a ames of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private pr	document has been filed group entity Government Government any overpayment copy of this form).
Ca. Ple 4a. The Notinte	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED Computer	all entity discount permitted copies rom status indicated above ALL ENTITY status. See 3 requested to apply the Issue is of the United States Pate in the Issue	correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky d) Toky 37 CFR 1.27.	1) the names of upor agents OR, altern 2) the name of a singuistered attorney 2 registered attorney 2 registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY YO, Japan don the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he posit Account Number of the interposit Account Number of the interposit Account Number of the interposit Account is no interposit Account in anyone other the ice.	to 3 registered pate actively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual ount of the fee(s) is encard. Form PTO-203 reby authorized by other 0.6—13.78 longer claiming SMA apply any previous in the applicant; a region in the applicant in the applica	a member a mes of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private processed. S is attached. Charge the required fee(s), conclose an extra (enclose an extra ly paid issue fee to the applicatered attorney or agent; or	document has been filed group entity Government Government any overpayment copy of this form).
Ca. Pie 4a. The Notinte	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED Computer	all entity discount permitted copies rom status indicated above ALL ENTITY status. See 3 requested to apply the Issue is of the United States Pate in the Issue	correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky d) Toky 37 CFR 1.27.	1) the names of upor agents OR, altern 2) the name of a singuistered attorney 2 registered attorney 2 registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY YO, Japan don the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he posit Account Number of the interposit Account Number of the interposit Account Number of the interposit Account is no interposit Account in anyone other the ice.	to 3 registered pate actively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual ount of the fee(s) is encard. Form PTO-203 reby authorized by other 0.6—13.78 longer claiming SMA apply any previous in the applicant; a region in the applicant in the applica	a member a a member a a mes of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private private private and the required fee(s), or many the conclose an extra and the conclose and the co	document has been filed group entity Government Government any overpayment copy of this form).
Ca. Ple 4a. The Notinte	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGNED ASSIGNED Computer	all entity discount permitted copies rom status indicated above ALL ENTITY status. See 3 requested to apply the Issue is of the United States Pate in the Issue	correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky d) Toky 37 CFR 1.27.	1) the names of upor agents OR, altern 2) the name of a singuistered attorney 2 registered attorney 2 registered patent isted, no name will appear on the substitute for filing ESIDENCE: (CITY YO, Japan don the patent): yment of Fee(s): A check in the ame Payment by credit The Director is he posit Account Number of the interposit Account Number of the interposit Account Number of the interposit Account is no interposit Account in anyone other the ice.	to 3 registered pateratively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual ount of the fee(s) is encard. Form PTO-203 reby authorized by or other 0.6—13.78 longer claiming SMA apply any previous in the applicant; a region of the applicant of the applican	a member a mes of up to f no name is 3 mee is identified below, the DUNTRY) Corporation or other private processed. S is attached. Charge the required fee(s), conclose an extra (enclose an extra ly paid issue fee to the applicatered attorney or agent; or	document has been filed group entity Government or credit any overpayment copy of this form). CFR 1.27(g)(2). Cation identified above, the assignee or other part
Ca. Pie 4a. The NO inte	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULL PLEASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSI	RESIDENCE DATA TO Be a assignee is identified be 7 CFR 3.11. Completion of the control of the co	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) Ri Toky Toky at CFR 1.27. Toky Toky	The Director is he posit Account Number of the amyone other than the anyone other than anyone other than anyone other than the anyon	to 3 registered pate actively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual Count of the fee(s) is encard. Form PTO-203 preby authorized by other 06-1378 longer claiming SMA comply any previous in the applicant; a registration.	a member a mes of up to f no name is 3 There is identified below, the DUNTRY) Corporation or other private private private and the required fee(s), conclosed an extra charge the required fee(s), conclose an extra charge the required fee to the applicate and attorney or agent; or 14/06 No	document has been filed group entity Government or credit any overpayment copy of this form). CFR 1.27(g)(2). cation identified above, the assignee or other part
This and a second secon	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGN	RESIDENCE DATA TO Be a assignee is identified be 7 CFR 3.11. Completion of the control of the co	correspondence ation form of a Customer E PRINTED ON THE slow, no assignee data of this form is NOT as (B) Ri Toky d) Toky To	The Director is he posit Account Number of Equipment by credit The Director is he posit Account Number of Equipment of Equ	to 3 registered pate actively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual Co card. Form PTO-203 reby authorized by card ber 06-1378 longer claiming SMA enpply any previous in the applicant; a registration or retain a benefit by estimated to take 12	a member a ames of up to fine name is 3 mee is identified below, the DUNTRY) Corporation or other private processed. 8 is attached. charge the required fee(s), conclose an extra extr	document has been filed group entity Government copy of this form). CFR 1.27(g)(2). Cation identified above, the assignee or other partial options of the partial control of the partial control of the partial control of the contro
Ca. Ple 4a. \ This asub	Change of corresponder Address form PTO/SB/122 I "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED ASSIGN	RESIDENCE DATA TO Be a assignee is identified be 7 CFR 3.11. Completion of a signee category or categoric constatus indicated above ALL ENTITY status. See 3 requested to apply the Issue category of the United States Pate of the United States Pate is required by 37 CFR 1.31 is governed by 37	correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) RI Toky d) Toky 37 CFR 1.27. The Fee and Publication will not be accepted from the printer of the count and Trademark Office of t	1) the names of upor agents OR, altern (2) the name of a singuistered attorney registered attorney registered patent isted, no name will PATENT (print or will appear on the substitute for filing ESIDENCE: (CITY)	to 3 registered pate actively, ingle firm (having as or agent) and the narestromeys or agents. It be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual ount of the fee(s) is encard. Form PTO-203 reby authorized by cober 06-1378 longer claiming SMA apply any previous in the applicant; a registration or retain a benefit by estimated to take 12 dividual case. Any color of the same of the sa	a member a a good mes of up to fine name is 3 mes of up to fine name is 3 mee is identified below, the number a good method to the private process and the number a good minutes to complete, include the public which is to file (a minutes to complete, include the numbers on the amount of the public which is to file (a minutes to complete, include the numbers on the amount of the numbers on the numbers of the num	document has been filed group entity Government copy of this form). CPR 1.27(g)(2). Cation identified above, the assignee or other part ing gathering, preparing, fine you require to come
Ca. Ple 4a. S. The Notinte Box	Change of corresponder Address form PTO/SB/122 "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required. ASSIGNEE NAME AND FULLASE NOTE: Unless a recordation as set forth in 3 (A) NAME OF ASSIGNED Size of Computer	con (or "Fee Address" Indicated to more recent) attached. Use more recent) attached. Use RESIDENCE DATA TO Be a assignee is identified be 37 CFR 3.11. Completion of the Control of the Control of the Control of the Control of the United States Pate of t	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT as (B) RI Toky	The Director is he posit Account Number of the amyone other the interest of the control of the c	to 3 registered pate actively, ingle firm (having as or agent) and the narestromeys or agents. I be printed. Type) e patent. If an assig an assignment. and STATE OR CO Individual ount of the fee(s) is encard. Form PTO-203 reby authorized by cober 06-1378 longer claiming SMA apply any previous in the applicant; a registration or retain a benefit by estimated to take 12 dividual case. Any colorer IIS Patent and in the applicant and in the applicant and its retain a benefit by estimated to take 12 dividual case. Any colorer IIS Patent and	a member a ames of up to fine name is 3 mee is identified below, the DUNTRY) Corporation or other private processed. 8 is attached. charge the required fee(s), conclose an extra extr	document has been filed or credit any overpayment copy of this form). CPR 1.27(g)(2). cation identified above, the assignee or other party into you require to compare the party of Commerce Programment of Commerce Program

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE